

Complete Summary

TITLE

Diagnosis and treatment of chest pain and acute coronary syndrome (ACS): percentage of patients with chest pain symptoms in emergency department (ED) receiving early therapy including intravenous (IV) access, oxygen, nitroglycerin, morphine and a chewable aspirin on arrival.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Oct. 78 p. [119 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with chest pain symptoms in emergency department (ED) receiving early therapy including intravenous (IV) access, oxygen, nitroglycerin, morphine, and a chewable aspirin on arrival.

RATIONALE

The priority aim addressed by this measure is to increase the success of emergency intervention for patients with high-risk chest pain.

PRIMARY CLINICAL COMPONENT

Chest pain; emergency department (ED); intravenous (IV) access; oxygen; nitroglycerin; morphine; chewable aspirin

DENOMINATOR DESCRIPTION

Number of patients with chest pain seen in emergency department (ED)

NUMERATOR DESCRIPTION

Number of patients with chest pain symptoms in emergency department (ED) receiving early therapy including intravenous (IV) access, oxygen, nitroglycerin, morphine, and a chewable aspirin on arrival

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis and treatment of chest pain and acute coronary syndrome \(ACS\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients greater than age 18 presenting to the emergency department (ED) with chest pain symptoms

Identify patients seen in the ED with a diagnosis of chest pain. Medical records can then be reviewed to determine if the patient received chewable aspirin on arrival in the ED. A minimum sample of 15 to 20 randomly selected records should be reviewed for evidence of the patient receiving chewable aspirin.

It is suggested that data is collected monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with chest pain seen in emergency department (ED)

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Clinical Condition

Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with chest pain symptoms in emergency department (ED) receiving early therapy including intravenous (IV) access, oxygen, nitroglycerin, morphine, and a chewable aspirin on arrival

Exclusions
Unspecified

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with chest pain symptoms in ED receiving early therapy including IV, oxygen, nitroglycerin, morphine, and a chewable aspirin on arrival.

MEASURE COLLECTION

[Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\) Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

REVISION DATE

2005 Oct

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 79 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Oct. 78 p. [119 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with chest pain symptoms in ED receiving early therapy including IV, oxygen, nitroglycerin, morphine, and a chewable aspirin on arrival," is published in "Health Care Guideline: Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome (ACS)." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 25, 2005. This NQMC summary was updated by ECRI on December 29, 2005.

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